Fill in this information	to identify your case:	
Debtor 1	Abubakar E Khemseth	
Debtor 2 (Spouse, if filing)	Deneen A Khemseth	
United States Bankrup	otcy Court for the: EASTERN DISTRICT OF MISSOURI	
	-46279-KSS	Check if this
(If known)		■ An amer □ A supple

is:

- nded filina
- ement showing postpetition chapter 13 income as of the following date:

MM / DD/ YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation CNA Housekeeping Include part-time, seasonal, or Community Care Center of Mark self-employed work. SSM **Employer's name** Twain Occupation may include student or homemaker, if it applies. **Employer's address** 11988 Mark Twain Lane 12303 De Paul Dr Bridgeton, MO 63044 Bridgeton, MO 63044 How long employed there? 2007 to Present 2006 to Present

Give Details About Monthly Income Part 2:

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		Debtor 2 or -filing spouse
2.	\$	2,919.89	\$	2,498.08
3.	+\$	0.00	+\$	0.00
4.	\$	2,919.89	\$	2,498.08

Case number (if known)

14-46279-KSS

monthly income

				Fo	or Debtor 1		ebtor 2 or	
	Cop	y line 4 here	4.	\$	2,919.89	\$	2,498.08	
_	1 :-4	all namell deductions.						
5.		all payroll deductions:	_	_				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	508.19	\$	266.11	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$ \$	0.00	\$	0.00	
	5e. 5f.	Insurance	5e. 5f.	Φ \$	0.00 149.50	\$	0.00	
	51. 5g.	Domestic support obligations Union dues		φ ₋		\$ 	0.00	
	5g. 5h.	Other deductions. Specify: Processing fees	5g. 5h.+	Τ.	0.00 6.50	· \$—	0.00	
	JII.	Transam Life		\$	74.75	` \$ —	0.00	
		TDA		\$	0.00	\$—	86.67	
		Med Adult Prem Search		\$-	0.00	\$	162.50	
		TDA Loan 2		\$	0.00	\$	97.65	
		TDA Loan 1		φ \$	0.00	\$	19.44	
		AFLAC Insurance		\$	60.43	\$	0.00	
		Flex Medical		\$	0.00	\$	194.83	
		Flex Dental		\$	52.07	\$	40.21	
		Flex Vision		\$	0.00	\$	12.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	851.44	\$	879.41	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,068.45	\$	1,618.67	
8.		all other income regularly received:		Ψ -	2,000.40	Ψ	1,010.07	
	8b. 8c. 8d. 8e. 8f.	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
•	A .1 .1	all other browns. A LLE CO. OL O. OL O. OL O. OL		•	0.00	Φ.	0.00	1
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ _	0.00	\$	0.00	1
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,068.45 + \$_	1,61	8.67 = \$	3,687.12
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedulde contributions from an unmarried partner, members of your household, your friends or relatives. The second include any amounts already included in lines 2-10 or amounts that are notify:	ur deper				chedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Centers					Combin	3,687.12 ed

Debtor 1 Debtor 2	Abubakar E Khemseth Deneen A Khemseth	Case number (if known)	14-46279-KSS
13. Do y	you expect an increase or decrease within the year after you file this for No. Yes. Explain:	m?	

Fill	in this inform	ation to identify y	our case:					
Deb	tor 1	Abubakar E ł	Khemseth	1		Chec	k if this is:	
						_	An amended filing	
	tor 2 ouse, if filing)	Deneen A Kh	emseth					ving postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the:	EASTE	RN DISTRICT OF MISSO	JRI	Ī	MM / DD / YYYY	
	e number <u>1</u>	4-46279-KSS						
Of	fficial Fo	orm 106J						
So	chedule	J: Your	Exper	ises				12/15
info	ormation. If n		eded, atta	. If two married people ar ach another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a joi ☐ No. Go t							
		es Debtor 2 live	in a separ	ate household?				
	_ 100. D 0		и сори	ato nouconora :				
			st file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate Hous	ehold of Deb	tor 2.	
2.	Do you hav	/e dependents?	■ No					
	Do not list I and Debtor		☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	s names.						☐ Yes ☐ No
								☐ Yes
								□ No
					-		-	☐ Yes
								□ No □ Yes
3.	•	penses include	_	No				□ 162
		of people other t nd your depende	han $_{m au}$	Yes				
Par	t 2: Estin	nate Your Ongoi	na Month	lv Expenses				
Est	imate your e	xpenses as of y a date after the	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of suc ficial Form 1		d have inc	cluded it on Schedule I: \	our Income		Your exp	enses
4.		or home owners		uses for your residence. I	nclude first mortgag	ge 4. \$		785.00
	. ,	ded in line 4:						
		estate taxes				4a. \$		0.00
		estate taxes erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	4c. Home	e maintenance, re	epair, and i	upkeep expenses		4c. \$		0.00
5.		eowner's associa		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
٠.			· · · · · · · · ·	 	oquity lourio	σ. ψ		0.00

Debtor 1 Debtor 2		ar E Khemseth A Khemseth	Case num	nber (if known)	14-46279-KSS
6. Uti	lities:				
6a.		, heat, natural gas	6a.	\$	320.00
6b.	Water, se	wer, garbage collection	6b.	\$	43.00
6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	390.00
6d.	Other. Sp	ecify:	6d.	\$	0.00
7. Fo	od and hous	ekeeping supplies	7.	\$	600.00
8. Ch	ildcare and	children's education costs	8.	\$	0.00
9. Cl c	thing, laund	Iry, and dry cleaning	9.	\$	120.00
	_	products and services	10.	\$	150.00
11. Me	dical and de	ental expenses	11.	\$	105.00
		Include gas, maintenance, bus or train fare.	12.	¢	380.00
		ar payments.		·	
		clubs, recreation, newspapers, magazines, and books	13.	·	100.00
		tributions and religious donations	14.	\$	0.00
-	urance.	nsurance deducted from your pay or included in lines 4 or 20.			
	a. Life insura		15a.	\$	0.00
	b. Health ins		15b.		0.00
	c. Vehicle in		15c.		80.00
		urance. Specify:	15d.	·	0.00
		nclude taxes deducted from your pay or included in lines 4 or 20		-	0.00
Spe	ecify: Perso	onal Property Taxes	,. 16.	\$	75.00
		ease payments:		Φ.	
		ents for Vehicle 1	17a.	·	227.69
		ents for Vehicle 2	17b.		0.00
	c. Other. Sp		17c.	·	0.00
	d. Other. Sp		17d.	\$	0.00
		of alimony, maintenance, and support that you did not rep		\$	0.00
		your pay on line 5, Schedule I, Your Income (Official Form	1061).	\$	
	ier payment ecify:	s you make to support others who do not live with you.	19.		0.00
		erty expenses not included in lines 4 or 5 of this form or or			
		s on other property	20a.		0.00
	. Real esta		20b.		0.00
		homeowner's, or renter's insurance	20c.		0.00
		nce, repair, and upkeep expenses	20d.		0.00
		ner's association or condominium dues	20e.	·	0.00
	ner: Specify:	S. S assistation of condominant addo		+\$	0.00
				- Ψ	0.00
	•	monthly expenses			
	a. Add lines 4			\$	3,375.69
22k	o. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 10)6J-2	\$	
220	. Add line 22	a and 22b. The result is your monthly expenses.		\$	3,375.69
23. Ca l	culate your	monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.	\$	3,687.12
		r monthly expenses from line 22c above.	23b.		3,375.69
230	c. Subtract v	our monthly expenses from your monthly income.			
		t is your monthly net income.	23c.	\$	311.43
For	example, do yo dification to the	an increase or decrease in your expenses within the year arou expect to finish paying for your car loan within the year or do you expecterms of your mortgage?			se or decrease because of a
	No.				
	Yes.	Explain here:			

Fill in this infor	mation to identify your	case:		
Debtor 1	Abubakar E Khems	seth Middle Name	Last Name	
Debtor 2	Deneen A Khemse			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF MISSOURI	
_	14-46279-KSS			
(if known)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay	someone who is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that they are true and correct X /s/ Abubakar E Khemse	eth X /s/ Deneen A Khemseth
that they are true and correc	eth X /s/ Deneen A Khemseth Deneen A Khemseth Signature of Debtor 2